

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT**  
**Board of Adult Care Home Administrators**  
**APPLICATION FOR**  
**ADULT CARE HOME ADMINISTRATOR LICENSE**

**TYPE OF LICENSE**

Mark type of License. Enclose non-refundable fee: **Payable to KDHE.**

☐ Full: \$ 100.00 \*\*

☐ Temporary: \$100.00

☐ Reciprocal: \$ 220.00 \*\*

\*\*See attached fee schedule. Fees pro-rated for partial year licenses. Personal checks are accepted; license may be subject to action if checks are found invalid or insufficient. Discover Card may be used for payment of fees. Charge authorization form must be completed and signed to utilize this option.

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First MI Other

Address: \_\_\_\_\_  
Street / Route / Box / Apt # City State Zip

Phone: work (\_\_\_\_) \_\_\_\_\_ home (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_

Email address (optional) \_\_\_\_\_  
**(attach a copy of your Social Security Card or document bearing your name and Social Security number)**

**FACILITY IN WHICH YOU ARE SEEKING EMPLOYMENT:**

Facility Name: \_\_\_\_\_ Facility Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street / Route / Box / Apt # City State Zip

**EDUCATION - List**

College/University	Degree	Date Conferred
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If applicable, transcripts must be sent by the college or university directly to Health Occupations Credentialing. If you are filing for testing under KSA-65-3504(b), request, complete, and submit Application for Exemption of Formal Education.

**PRACTICUM**

(For full license and reciprocal licensure for applicants after July 1, 1990.)

Each applicant must satisfactorily complete a long-term care administration practicum of not less than 480 hours approved by an accredited college or university. This practicum must be completed by date of examination.

Practicum Sponsor \_\_\_\_\_ Coordinator \_\_\_\_\_  
College/University

Preceptor \_\_\_\_\_ Preceptor # \_\_\_\_\_ Curriculum Approval # \_\_\_\_\_

Practicum Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**TEMPORARY LICENSE ONLY**

I will seek full licensure. Y / N  
I will plan to seek licensure based on licensure in another state. Y / N  
I have held a license as a Kansas Adult Care Home Administrator. Y / N  
If YES, License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
I have at least once failed the examination specified in KAR 28-38-18. Y / N Exam Date \_\_\_\_\_

**LICENSE IN ANOTHER STATE**

List all states in which you have ever held an adult care home administrator license:

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

For each state, complete Part I of the verification of license, request that the state Board complete Part II and return verification to this Board.

---

## REFERENCES

K.A.R. 28-38-20 requires that each licensure applicant submit, on Board approved forms, one letter of reference from a licensed adult care home administrator, in state or out of state, and one letter of reference from another person not related to the candidate as defined under "nepotism" in K.A.R. 28-38-29(h).

K.A.R. 28-38-29(h) defines "nepotism" to mean favoritism shown to a relative on the basis of relationship as a family member or as a member of a household. For the purposes of this definition "family member" means any of the following: (1) A spouse, parent, child, or sibling; (2) a sibling as denoted by the prefix "half"; (3) a parent, child, or sibling as denoted by the prefix "step"; (4) a foster child; (5) an uncle, aunt, nephew, or niece; (6) any parent or child of a preceding or subsequent generation as denoted by the prefix "grand" or "great"; or (7) a parent, child, or sibling related by marriage as denoted by the suffix "in-law." For the purposes of this definition, "member of a household" means a person having legal residence in, or living in, an individual's place of residence.

---

## DISCIPLINARY ACTION

● Has disciplinary action ever been taken against an adult care home administrator license, a professional or occupational health care license, a mental health care license or a social worker license held by you, whether issued by this state or by another state or jurisdiction?

**Y / N**

If YES, please provide specific details and copies of all relevant documents.

---

Have you ever been convicted of a crime by any court (including Kansas), or any federal court of the United States? **Y / N**

If YES, please indicate:

Date of conviction:

City, County and state of conviction:

Crime of which convicted:

**NOTE:** Pursuant to state regulations, the Board requires that you provide all reports and court documents related to the conviction. Materials should be submitted to Health Occupations Credentialing. Please note, any and all costs for obtaining such reports/documents are your responsibility. You are also invited to submit a letter and any other additional supporting information or documents to the Board explaining the circumstances surrounding the case, complete resolution of the issue (including final probation, community corrections or parole documents), and how/why this situation is not expected to occur again.

I do hereby attest that the information supplied in this application and any attachment is accurate and complete to the best of my knowledge. I do hereby give permission to the Board to verify any information provided in this application and attachments. I understand that the application fee is non-refundable should I not meet licensure qualifications.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

 **PLEASE NOTE: YOUR SIGNATURE MUST BE NOTARIZED**

SUBSCRIBED AND SWORN TO before me, the undersigned authority,

on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My appointment expires: \_\_\_\_\_

Submit application, fee and supporting documents to:

**Health Occupations Credentialing  
Kansas Department of Health and Environment  
1000 SW Jackson, Suite 200  
Topeka, Kansas 66612-1365**